

Mine Operator Identification Request

U.S. Department of Labor
Mine Safety and Health Administration



Mine Identification Number	Check Appropriate Box'	Date: ____/____/____						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> </table>					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;">Metal/Nonmetal</td> <td style="width:50%; height: 20px;">Coal</td> </tr> </table>	Metal/Nonmetal	Coal	
Metal/Nonmetal	Coal							

Operating Company Name _____

Mine/Plant Name _____

Mailing Address For Document Delivery (Same as on Legal Identity Form) _____

City _____ State _____ Zip Code _____

Contact Official _____ Title _____ Phone (____) _____

Nearest Town to Mine _____ State _____ county _____

Status Date ____/____/____ Office Code _____ County Code (FIPS) _____

Mine Type (Subunit)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>(01) Underground</td><td style="width:20px;"></td></tr> <tr><td>(03) Strip, Quarry, Pit Dragline</td><td></td></tr> <tr><td>(04) Auger</td><td></td></tr> <tr><td>(05) Culm Bank, Refuse Pile</td><td></td></tr> </table>	(01) Underground		(03) Strip, Quarry, Pit Dragline		(04) Auger		(05) Culm Bank, Refuse Pile		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>(06) Dredge</td><td style="width:20px;"></td></tr> <tr><td>(12) Other Mining</td><td></td></tr> <tr><td>(17) Independent Shops & Yards</td><td></td></tr> <tr><td>(30) Prep Plant Mill, Tipple</td><td></td></tr> </table>	(06) Dredge		(12) Other Mining		(17) Independent Shops & Yards		(30) Prep Plant Mill, Tipple	
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Metal/Nonmetal Mine Data

Status of Operation	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>F</td><td>I</td><td>N</td><td>P</td></tr> </table>	1	2	3	4	F	I	N	P	SIC Code _____	Travel Area _____
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Coal Mine Data

ADIB Use	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td></tr> <tr><td>AA</td><td>AD</td><td>CF</td><td>CG</td><td>BA</td><td>CB</td><td>AB</td></tr> <tr><td>AC</td><td>BD</td><td></td><td>CH</td><td>BC</td><td></td><td>BB</td></tr> <tr><td></td><td></td><td></td><td></td><td>BE</td><td></td><td></td></tr> </table>	A	B	C	D	E	F	G	AA	AD	CF	CG	BA	CB	AB	AC	BD		CH	BC		BB					BE			SIC Code _____	Work Group _____
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AC	BD		CH	BC		BB																									
				BE																											

District/Field Office _____

Name of MSHA Employee Requesting Number _____

Office Telephone (____) _____ FAX Number (____) _____

FAX Verification

Coder Number: _____

FAX Number (303) 231-5515	Attn. ADIB	Date: ____/____/____	Time: ____	Sender: _____
FAX Number	Attn.	Date: ____/____/____	Time: ____	Sender: _____